

ABSTRAK

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Analisis Faktor Determinan Bidan terhadap Cakupan Kunjungan Ibu Hamil (K4) (Studi pada Bidan di Puskesmas Kabupaten Konawe Selatan Provinsi Sulawesi Tenggara Tahun 2011)

xiii + 119 halaman + 27 tabel

Pelayanan kesehatan bagi ibu hamil dan janinnya oleh tenaga profesional sesuai standar minimal 4 kali pemeriksaan selama kehamilannya. Kebijakan pemerintah pelayanan gratis pada setiap ibu hamil dan upaya Seksi Kesehatan keluarga: pembinaan Puskesmas, peningkatan kompetensi program, dan supervisi. Namun cakupan kunjungan ibu hamil K4 oleh bidan di 22 Puskesmas (71%) masih dibawah target 95%. Penelitian ini bertujuan untuk menganalisis faktor yang berhubungan dengan cakupan kunjungan ibu hamil K4 oleh bidan di Puskesmas.

Jenis penelitian merupakan penelitian deskriptif analitik dengan pendekatan *cross-sectional*. Penelitian ini adalah penelitian kuantitatif dan didukung penelitian kualitatif. Pengumpulan data dengan melakukan wawancara menggunakan kuesioner dan observasi menggunakan *check list* pada 56 bidan di 14 Puskesmas Kabupaten Konawe Selatan. Analisis data dengan analisis univariat, dan analisis bivariat dengan uji *rank spearman*.

Hasil penelitian menunjukkan bahwa gambaran ketenagaan kategori kurang baik (42,9%), pengetahuan kategori kurang baik (48,2%), sarana prasarana baik kategori kurang baik (48,2%), praktik tindakan medis kategori kurang baik (33,9%), non medis kategori kurang baik (37,5%), persepsi supervisi kategori kurang baik (48,2%), persepsi budaya masyarakat kategori kurang baik (33,9%) dan cakupan K4 kategori kurang baik (94,6). Secara bivariat tidak ada hubungan secara signifikan (nilai $p > 0,05$) antara ketenagaan, pengetahuan, sarana prasarana, praktik tindakan medis dan non medis dan non medis, persepsi supervisi, dan persepsi budaya masyarakat, terhadap cakupan K4 oleh bidan di puskesmas, didukung data kualitatif ibu hamil menyatakan bahwa bidan sudah berpengalaman, pemeriksaan bidan sudah baik hanya tidak tinggal di desa sehingga pelayanan ibu hamil sesuai jadwal posyandu, tidak boleh periksa hamil sebelum perut masih kecil, percaya pada dukun dan sudah tradisi

Disarankan Dinas Kesehatan: pengaturan jumlah tenaga bidan dan fungsi polindes dan poskesdes, pelatihan dan memberi kesempatan pendidikan, fasilitas dan penempatan bidan di setiap desa, pengaturan tata letak bangunan polindes dan poskesdes lebih strategis, pengadaan sarana transportasi motor alat dan obat, dan, *sweeping* ibu hamil, keseragaman format yang baku dan terstandar, kemitraan dukun peningkatan ANC dan peninjauan kembali penetapan target cakupan K4 dengan melihat kondisi daerah yang jauh/akses sulit.

Kata Kunci : Pelayanan ANC (K4)

Pustaka : 81 (1989 - 2011)

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ABSTRACT

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Analysis on Determinant Factors of Midwives to the Coverage of Completed Antenatal Care (a Study on Midwives at Primary Healthcare Centers in Konawe Selatan District, Sulawesi Tenggara)

xiii + 119 pages + 27 tables

Antenatal care (ANC) service by professional workers was minimally done 4 times during pregnancy. Every pregnant woman would receive ANC service free of charge according to government's policy. However, the coverage of complete visit of pregnant women (K4) to midwives in 22 primary healthcare centers was still 71%; it was lower than the target of 95%. The objective of this study was to analyze midwife's factors related to the coverage of complete visit of pregnant women (K4) at primary healthcare center.

This was a descriptive-analytic study with cross sectional approach. This study was a quantitative study and supported by qualitative study. Data were collected by interviewing respondents guided by questionnaire and by conducting observation with check list to 55 midwives in 14 primary healthcare centres in the district of South Konawe. Univariate analysis, bivariate analysis using Rank Spearman test were applied for analysing the data.

Results of the study showed that staffing was in the not good category (42.9%); knowledge was in the not good category (48.2%); facilities were in the not good category (48.2%); medical action practice was in the not good category (33.9%); non-medical action was in the not good category (37.5%); perception on supervision was in the not good category (48.2%); perception on community culture was in the not good category (48.2%); K4 coverage was in the not good category (94.6%). No significant association found between K4 coverage by midwives at primary healthcare centre and staffing, knowledge, facility, medical action practice, non-medical, perception on supervision, perception on community culture. Qualitative data taken from pregnant women indicated that midwives was experience; examination by midwives was good; however, midwives did not stay in the village, and it caused ANC service was only conducted according to posyandu (integrated health service post) schedule; pregnant women could not seek for ANC when their abdomen was still small; pregnant women believed in traditional midwives and it was a tradition.

Suggestions for district health office are to organize the number of midwives and organize the function of polindes (village policlinics) and poskesdes (village health post); to conduct training and give opportunity to continue education; to provide facilities and assign midwives in every village; to allocate polindes and poskesdes buildings to the more strategic location; to provide motor cycle as a transportation mean, instruments, and medicine; to do pregnant women 'sweeping'; to provide uniform and standardized format of ANC reporting and recording; to make collaboration with traditional midwives; to improve ANC, and re-determination of K4 target coverage by taking into consideration the remote areas and areas with access difficulty.

Key words : ANC service (K4)

Bibliography : 81 (1989-2011)